CANDIDATE REGISTRATION

City, State, Zip Code:

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office. Is this an amendment? \square Yes □ No 1. **CANDIDATE INFORMATION** Title: Party Affiliation (if any): Office Sought: ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Hon. ☐ Ms. District (if any): Name: Mailing Address: Phone (home): City, State, Zip Code: Phone (work): E-mail: Fax: Phone (mobile): 2. TREASURER INFORMATION Name: Phone (home): Mailing Address: Phone (work): City, State, Zip Code: Fax: E-mail: **DESIGNATION OF TREASURER:** A candidate for municipal office in towns and cities with a population of greater than 15,000 must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A) 3. **DEPUTY TREASURER INFORMATION** Name: Phone (home): Mailing Address: Phone (work):

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRSA § 1013-A (1)(A)(1))

E-mail:

4.	POLITICAL COMMITTEE INFORMATION				
Name:				Phone:	
Address of Campaign Headquarters: City, State, Zip Code:					
DESIGNATION OF POLITICAL Codate's election. The committee trepointing a political committee, the code (21-A MRSA § 1013-A (1) (B))	asurer is the treasurer a	appointed in Section 2	of the registration	n. No later than 10 days after ap-	
Committee Officers (use addi	tional pages, if neces	ssary):			
Name:	Title:		Phone:		
Mailing Address:	City,	State, Zip Code:	E-mail:		
Name:	Title:		Phone:		
Mailing Address:	City,	State, Zip Code:	E-mail:		
5.	CERTIFICATION (Must be signed even if exemption below is claimed)				
accurate and complete. Signature of Candidate:			Date:		
6. EXEMPTION FROM REPORTING REQUIREMENTS					
A reporting exemption relieves th an exemption, the candidate mus contributions (including in-kind), repersonal funds expenditures under Maine law. Freporting exemption.	It notify the Clerk in a sw make expenditures or inc of the candidate used fo	orn and notarized state cur financial obligations or campaign purposes a	ement (below) that associated with the are considered care	he/she will not accept ne candidate's candidacy. mpaign contributions/	
NOTICE OF ELIGIBILITY FO accept contributions, make expe				or affirm that I will not	
Signature of Candidate:	Signature of Candidate: Date:				
Subscribed and sworn (affirme	d) to before me this	day of		, 20	
Seal (optional)		Signature:	Notary Public	c/Attorney-at-law	
		My commission expires (date):			
er. A revocation notice must be	in the form of an amen ppointed. The notice m	ded registration which ust be filed before cor	must be filed with tributions are acc	andidate must appoint a treasur- the Clerk no later than 10 days repted or expenditures made. A	